Kris I. Anderson Agent for M.D.A.C. 17. Transporter 1 Acknowledgement of Receipt of Materials	J///		
Printed/Typed Name John OGLP	Signature	e Ole	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		106	. Month Day Year
Printed/Typed Name	Signature *		MONIN Day Teal

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed / Typed Name

Day

DHS 8022 A (1/88)

EPA 8700-

(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Printed/Typed Name	Signature	Month Day Year
Kris L. Anderson Agent for M.D.A.	c ////	041990
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name John OGLE	Signature Aul C	Month Day Year WW 1990
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature ***	Month Day Year
		11111
19. Discrepancy Indication Space		

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Month Day Year

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